**P.11 Improving COVID-19 vaccine uptake in pregnant women: a local quality improvement project**

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**Introduction:** In April 2021, government guidance changed to offer all pregnant women the COVID-19 vaccine. Pregnant women who develop severe disease with COVID-19 infection are more likely to be admitted to critical care and are at higher risk of death when compared with non-pregnant patients. Unvaccinated pregnant women are more likely to be admitted to critical care than those who are vaccinated. Despite this, there remains vaccine hesitancy among pregnant women and resultant surge in severe obstetric COVID-19 cases locally [1,2].

**Methods:** We conducted a survey of 50 postnatal inpatients on the COVID-19 vaccine in July 2021. These data were presented to the trust regional maternity COVID-19 and vaccination groups and was used to inform changes to practice. The survey was repeated in September and November 2021. Cumulative data were analysed and presented to inform further changes following each cycle. Approval was gained from the trust Caldicott Guardian.

**Results:** Vaccine uptake increased each month: from 24% in July, to 34% in September, and 50% in November. Themes for vaccine hesitancy included concerns of risk to baby, sudden change in advice, limited information provided, feeling at low risk from COVID-19 and concerns around side effects and lack of evidence. Vaccine uptake was higher in older age groups, being 14% for those 16–24 years of age, 40% for 25–34 and 44% for 35–44. Vaccination uptake for white British (48%) and Asian (38%) patients was higher compared to white (other) (15%), mixed ethnicity (18%) and black/African (0%) patients. Unvaccinated women had higher levels of deprivation when compared to vaccinated women based on their index of multiple deprivation decile.

**Discussion:** Recommendations following each cycle included providing clear information to women through public health messages and individual discussions; ensuring women are fully informed of the risks of COVID-19; targeting communities living in areas of higher deprivation and those from ethnic minorities; and the introduction of a vaccine hub. Changes which have been implemented locally include displaying of public health posters, live online question and answer sessions, communications sent out to newly pregnant women, including displaying of public health posters, live online question and answer sessions, communications sent out to newly pregnant women, and resultant surge in severe obstetric COVID-19 cases locally [1,2].

**References**


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**P.12 A digital future in antenatal education-unintentional benefits from a pandemic**

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**Introduction:** EROS (Enhanced Recovery after Obstetric Surgery) protocols have become a mainstay in many UK obstetric units since 2015 [1]. As part of our local EROS pathway we had a well-established face-to-face caesarean delivery preparation class for mothers and birthing partners. It utilised an MDT approach involving midwifery, physiotherapy and anaesthetics to share information that embeds EROS principles and empowers mothers with confidence and knowledge about delivery and recovery. The COVID-19 pandemic challenged us to find new ways to deliver this information safely. The class was relaunched on a digital platform. We assessed whether we could achieve the same standard and patient satisfaction with this online format.

**Methods:** We collated feedback from 40 mothers and birthing partners attending the online class and compared it to those who attended face-to-face classes before the pandemic. Data were descriptive free-text answers to questions and a 10-point rating scale measuring confidence pre and post class attendance. A further 25 responses evaluating the online class were obtained following improvements suggested by the first online cohort.

**Results:** A total of 90 patients provided feedback. For the face-to-face class, median confidence score increased from 7 pre-class to 9 after the class, and for the digital class it increased from 6 to 9 (P = 0.0005). 67% of mothers felt more confident about their delivery after the face-to-face class and 92% after the digital one.

**Discussion:** Both face-to-face and digital classes are effective at increasing confidence in delivery and recovery from caesarean delivery, with data suggesting that online sessions were able to do this more effectively. The most commonly reported strengths of digital sessions were that they provided comprehensive information in an easy-to-understand format, particularly around recovery and mobilisation, and that the relaxed nature encouraged questions. Initially, we experienced some technical difficulties with the digital platform and this was noted as an area of improvement from the first round of feedback. Several respondents noted missing the in-person element and opportunity to meet other expectant mothers. We are now assessing the feasibility of a hybrid class.

**Reference**


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